



**JON S. CORZINE**  
Governor

## *New Jersey Office of the Attorney General*

Division of Consumer Affairs  
State Real Estate Appraisers Board  
124 Halsey Street, 3<sup>rd</sup> Floor, Newark, NJ 07102



**ANNE MILGRAM**  
*Acting Attorney General*

**STEPHEN B. NOLAN**  
*Acting Director*

**Mailing Address:**  
P.O. Box 45032  
Newark, NJ 07101  
(973) 504-6480

### INSTRUCTIONS FOR TEMPORARY PERMIT

1. Please complete the application in its entirety. Incomplete applications will be returned. The application fee is \$150.00 pay by **certified check or money order to the "NJ Board of Real Estate Appraisers."**
2. The application must be accompanied by an original "Letter of Good Standing" issued by your State Appraisal licensing agency along with a copy of a your license or certification.
3. The Non-Resident Consent form and the Affidavit section of the application must be notarized.

\*\*\*\*\*

- \* No more than three permits will be issued to an individual in one calendar year.
- \* For the purposes of this program, a Temporary Practice Permit issued for Specific appraisal assignments.

Please contact the Board office should you have any questions or need assistance.



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### **13:40A-3.6 Temporary Visiting Licenses**

- (A) Upon application to the board and payment of a registration fee, an appraiser licensed in another state may be issued a temporary visiting license for a specific appraisal assignment, provided that the individual submits satisfactory proof to the Board that the individual has current valid license to practice in another state which has requirements for licensure as a real estate appraiser substantially equivalent to those of New Jersey
- (B) An appraiser licensed by another state may apply for no more than three temporary licenses with in one calendar year, except as provided in (c) below.
- 3) The Board may, in its discretion, waive the requirements of (b) above for good cause shown.
- 4) As a condition of receiving a temporary visiting license an applicant shall consent to service of process within the State.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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***For Office Use Only***

Date received \_\_\_\_\_

Fee \_\_\_\_\_ State \_\_\_\_\_

Letter of good standing \_\_\_\_\_

Nonresident consent form \_\_\_\_\_

Date approved \_\_\_\_\_

## Application for Temporary Practice as a Real Estate Appraiser

Date: \_\_\_\_\_

A nonrefundable temporary visiting registration fee of \$150, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the temporary practice registration process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_

1. Name ☐ Mr. \_\_\_\_\_  
☐ Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

#### 2. Address

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County  
\_\_\_\_\_  
Telephone number (include area code) E-mail address

☐ Business or  
Employer: \_\_\_\_\_  
Name of company or employer Telephone number (include area code)  
\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If “Yes,” you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If “Yes,” are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If “Yes,” does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of “Yes” to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## 7. Medical Conditions Questions

Questions 18 through 23 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

**“Ability to practice as a temporarily licensed or certified real estate appraiser”** is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a temporarily licensed or certified real estate appraiser and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a temporarily licensed or certified real estate appraiser, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question 23, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

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Signature of applicant

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Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Please provide the information requested below for every license, certificate or permit that has been or was issued to you by any other state, the District of Columbia or by any other jurisdiction.

Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired

11. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever been named as a defendant in any litigation related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. Type of certification/licensure for which you are applying:

- ☐ State Certified General Real Estate Appraiser
- ☐ State Certified Residential Real Estate Appraiser
- ☐ State Licensed Residential Real Estate Appraiser

19. Is the property to be appraised part of a federally related transaction? ☐ Yes ☐ No

20. Name of client: \_\_\_\_\_

Property location:

Address	City	State	ZIP code
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Description of assignment: \_\_\_\_\_


Property location:

Address	City	State	ZIP code
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Description of assignment: \_\_\_\_\_


Property location:

Address	City	State	ZIP code
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Description of assignment: \_\_\_\_\_


21. Assignment beginning date \_\_\_\_\_ Assignment ending date \_\_\_\_\_

**\*Note:** Under the “Confidentiality Provision” of the Uniform Standards of Professional Appraisal Practice, an appraiser may disclose confidential factual data to “...any third parties authorized by due process of law.”

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

} ss.

County of: \_\_\_\_\_

I, \_\_\_\_\_, in making this application to the State Real Estate Appraiser Board for temporary licensure or certification as a real estate appraiser under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Real Estate Appraiser Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny temporary licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14F-1 et seq., together with the Rules and Regulations of the State Real Estate Appraiser Board, N.J.A.C. 13:40A-1.1 et seq., and fully understand that in receiving temporary licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for temporary licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix seal here



# Applicants for Licensure/Certification as a Real Estate Appraiser Nonresident Consent

In accordance with N.J.A.C. 13:40A, this part is to be completed by all **nonresident** applicants who are applying for licensure or certification as a real estate appraiser in the State of New Jersey.

Name \_\_\_\_\_  
First Middle Last

Residence address \_\_\_\_\_  
Street address

City State ZIP code

Telephone number (include area code) County

Business name \_\_\_\_\_

Business address \_\_\_\_\_  
Street address

City State ZIP code

Telephone number (include area code) County

Date of birth \_\_\_\_\_  
Month Day Year

I do hereby consent that suits and actions arising out of any of my appraisal work in New Jersey may be commenced against me in a court of competent jurisdiction of any county of New Jersey in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the State Real Estate Appraiser Board. I agree that such service on the State Real Estate Appraiser Board shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me. In case any process herein mentioned is served upon the State Real Estate Appraiser Board, it shall be its duty to forward a copy of the process by registered mail to my last known address.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

